

## VILLAGE OF ALMONT- SERVICE REQUEST FORM

817 N. Main St. Almont, MI 48003 Office Hours: Monday-Thursday 7:00am-5:00pm

Phone: 810-798-8528 Email: <u>ppardo@almontvillage.org</u>

Customer information:	Date of Request:	
Name:	Phone:	
ervice Address: Email:		
Billing Address:	PO Box:	
State:	Zip Code:	
Please check one: New	Existing Owner	Renter
Please select the service you require:	Effective Date:	
☐ Final Read (24 hour notice required)	□ Water Shut off (25.00 fee)	☐ Water Turn on (25.00 fee)
☐ Pull Meter (100.00 fee)	☐ Reinstall Meter (100.00 fee)	$\square$ Enroll for paperless billing
☐ Change Billing Address	☐ Change Email Address	☐ Un-enroll from paperless
EMAIL ADDRESS IS REQUIRED FOR FINAL W	VATER BILL. PAYMENT FOR FIN.	AL WATER BILL IS DUE WITHIN
If Final read, please provide: Name of New Occupant:	New Occupant Telephone #	
Change Billing address:		
Change Email address:		
Signature of Requestor/owner:	Date:	
Please read and acknowledge this important Terms and Conditions: By completing this end Utility Bill electronically and will not be received time by emailing a copy of this form to the Utility responsible for ensuring receipt of email. The Vi and if you fail to receive it, you are responsible fable to provide you with accurate billing information.  Email Address:	nrollment form, you are choosing ng a bill by mail. You have the right Billing Clerk. Once enrolled in the llage of Almont will email your stator all charges on the account by the cion, you must update us with any	to receive your Village of Almont at to withdraw your consent at any e electronic e-bill program, you are tement to the address you provide ne due date. To ensure that we are y changes to your email account.

Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_